								Application or Docket Number						
****	PATENT	APPLICATIO Effect	ON FEE D		10	7	- کرچ کرچ	3,09	18					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY		OR		THAN ENTITY	
TOTAL CLAIMS			'91					RATE FEE		Ε		RATE	FEE	
FOR			NUMBER	FILED	NUME	BER EXTRA	BASIC		EE 395	.00	OB	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			9° mi	กบร 20=	./			X\$ 9=			OŔ	X\$18=	. 4. 3	
INDEPENDENT CLAIMS			/ minus 3 =					X44=		1	OR	X88=		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+150=		~ -	OR	+300=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2						- i		-	TOTAL	790	
CLAIMS AS AMENDED - PART II											OR			
(Column 1) (Column 2) (Column B)								SMAL	L ENTIT	γ (OR	OTHER SMALL		
NTA	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST BER DUSLY	PRESENT EXTRA		, RATE	ADE TION FEI	AL		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 9	Minus	20		=		X\$ 9=		/	OR	X\$18=		
ME	Independent	. 1	Minús	3		=/	Ī	X44=		71,	OR	X88=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								- 	/- `	75		-	
								+150=	- -		OR	+300=	/	
								TOTA DDIT. FE			OR,	TOTAL ADDIT. FEE	Ĺ	
	,	(Column 1)	•	(Colum		(Column 3)	-		-			/.	·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE ,	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=		X\$ 9=		c	OR	X\$18=	·	
ME	Independent		Minus	***		=	i	X44=	1	٦,	OR	X88=		
كا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	+150=	+			+300=		
TOTAL											DR	TOTAL		
		AI	DDIT. FEI			OR ,	ADDIT. FEE							
	· · · · · ·	:		· —————		_								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADD TIONA FEE	AL		RATE	ADDI- TIONAL FEE	
Ď	Total	•	Minus	**		=		X\$ 9=	T		or [X\$18=		
ME	Independent	•	Minus .	***		r		X44=.	1	1	ľ	X88=		
٨	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PINDENT	CLAIM		\cdot		 	$ ^{\circ}$)R			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										_ 0	R	+300=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE											R. A	TOTAL DOIT, FEE		
		mber Previously Paid Iber Previously Paid					founi	d in the a	poropriate	box ir	n cotu	ima 1.		